## UNITED STATES DISTRICT COURT

for the

Western District of Tennessee

DANIEL LOVELACE and HELEN LOVELACE, Individually, and as Parents of BRETT LOVELACE, deceased	) ) )	
Plaintiff(s)  V.	) Civil Action No.	13-2289 dkv
PEDIATRIC ANESTHESIOLOGISTS, P.A.; BABU RAO PAIDIPALLI; and, MARK P. CLEMONS	) ) )	
Defendant(s)	)	

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) PEDIATRIC ANESTHESIOLOGISTS, P.A. 50 North Dunlap Street 2nd Floor, Research Tower

2nd Floor, Research Towe Memphis, TN 38103

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark Ledbetter

Halliburton & Ledbetter 254 Court Ave., Ste. 305 Memphis, TN 38103 901/523-8153

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

| Signature of Clerk or Departy Clerk
| Signature of Clerk or Departy Clerk
| District OF This

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was rec	This summons for (i	name of individual and title, if any)	•	, r-		*, *		
	☐ I personally serv	ed the summons on the individu	ıal at (place)					
	on (date)					; or		
	☐ I left the summons at the individual's residence or usual place of abode with (name)							
	, a person of suitable age and discretion who resides there,							
	on (date), and mailed a copy to the individual's last known address; or							
	☐ I served the sum	mons on (name of individual)				,,	who is	
	designated by law to accept service of process on behalf of (name of organization)							
,			on	(date)	W)	; or		
	☐ I returned the sur	nmons unexecuted because			. 4		_ ; or	
	Other (specify):							
						. 3. 1		
	My fees are \$ for travel and \$		for services, for a total of \$				0.00 ·	
	74					41		
1.0	I declare under pena	alty of perjury that this informat	ion is true.					
						9 - C2PC		
Date:			¥ .	14.2				
	** ***		Server's signature					
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			Printed name and title					
	100; 100 ES	51 # 5901		# - *	12 355 91			
				Server	's address			

Additional information regarding attempted service, etc: